This fundraiser approved by STOLLERY CHILDREN'S HOSPITAL FOUNDATION

DONATION TRACKING FORM

- **Tax receipts automatically issued for donations of $25 or more.**
- **Cheques payable to: Stollery Children's Hospital Foundation.**
- **Please print clearly and complete all fields**

Event: **Legends Family Training Centre** Date: **January 27, 2012**

Participants Name:

Mailing Address:

Telephone: Ref#: **IF-0437**

Email Address:

First Name	Last Name	Mailing Address	City, Province	P.C.	Telephone	Email	Cash	Cheque	Tax Receipt Yes/No	Office use Only
									Totals	

Raising Money for Miracles!

STOLLERY CHILDREN'S HOSPITAL FOUNDATION
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